

TOWN OF CROSS ROADS

COMMERCIAL PERMIT APPLICATION

Date: _____	Application # _____		
Permit Address			
Business Name	Finished Sq Ft		Unheated Sq Ft
Property Description (Acreage or Sq Ft of Lot)	Lot	Block	Legal Description
Description of Work/Intended Use: (Materials exterior & roof, New, Remodel, Expansion, etc.)			
General Contractor		Phone	
Email Address:		Fax:	
Owner/Tenant		Phone	
Mailing Address			
Electrical Contractor		Phone	
Plumbing Contractor		Phone	
HVAC Contractor		Phone	
Other Contractor		Phone	
<p>I agree to allow no work on which separate Permits are required (signs, gasoline tanks, plumbing installations, electrical work, awnings, etc.) to be done until such Permits are obtained. I have carefully examined and read the completed and know the same to be true and correct, and hereby agree that if a Permit is issued, all provisions of the Town Ordinances and State laws will be complied with, whether herein specified or not. This permit becomes null and void if work or construction is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work has commenced. I also agree that this Permit is not transferable to any other party (ies) I have filed a MSDS for all hazardous materials with the Aubrey Fire Department.</p> <p>*If construction is not completed within 1 year, applicant must apply to Planning and Zoning for an extension of the original Building Permit. I verify that this building site does not lie within the 100 YEAR FLOOD PLAIN.</p> <p>Property Owner's Signature _____ Date _____</p> <p>Applicant Signature _____ Date _____</p> <p>Applicant Name (Please Print) _____ Tel #: _____</p>			
For Office Use Only			
Date rec'd Application _____		Rec'd by _____ Culvert Application _____ Septic Plans _____	
Site Plan _____ (4) Sets of Building Plans _____		CD of Building Plans _____ (2) Engineered Foundation Plans _____ Energy	
Code Info _____ Sub Contractor Info _____		Architectural Review _____ Inspector's Review _____	
Plan Review Amt. _____	CK # _____	Date Rec'd _____	Receipt # _____
Septic Review Amt. _____	CK # _____	Date Rec'd _____	Receipt # _____
Bldg Permit Amt. _____	CK # _____	Date Rec'd _____	Receipt # _____
Inspections/C of O/			
Culvert Amt. _____	CK # _____	Date Rec'd _____	Receipt # _____
Permit Issued by _____		Date _____	